

RESPONSE UNDER 37 C.F.R. 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 2135

Attorney Docket No. 9400-209CT (00379CON1)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Jeffrey A. Aaron et al.

Group Art Unit: 2135

Serial No.: 10/811,585

Examiner: Nirav B. Patel

Filed: March 29, 2004

Confirmation No.: 2073

For: FIREWALL SYSTEM AND METHOD VIA FEEDBACK FROM BROAD-SCOPE  
MONITORING FOR INTRUSION DETECTION

Date: May 13, 2008

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PETITION AND FEE FOR EXTENSION OF TIME**  
(37 C.F.R. § 1.136(a))

1. This is a petition for an extension of time for a total period of THREE (3) months to respond to the final Official Action dated October 22, 2007.
2. A response in connection with the matter for which this extension is requested:

is filed herewith.

has been filed.

3. Applicant:

Claims small entity status. See 37 CFR 1.27.

Does not claim small entity status.

4. Calculation of extension fee (37 C.F.R. § 1.17(a)-(d)):

Total Months <u>Requested</u>	Fee For Other <u>Than Small Entity</u>	Fee for <u>Small Entity</u>
<input type="checkbox"/> one month	\$120.00	\$60.00
<input type="checkbox"/> two months	\$460.00	\$230.00
<input checked="" type="checkbox"/> three months	\$1,050.00	\$525.00
<input type="checkbox"/> four months	\$1,640.00	\$820.00
<input type="checkbox"/> five months	\$2,230.00	\$1,115.00

Fee Enclosed \$1,050.00

Adjustment date: 09/26/2008 CKH/LOK  
07/13/2008 INV/FEU 0129/083 382263 10011303  
02/10/2008 1654.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	09/25/08	2 Serial/Patent #	10/811,585
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		05/13/08	\$ 1,050.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,050.00
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment		X Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 5 0 -- 0 2 2 0	
<input checked="" type="checkbox"/> No Fee Due (Explanation):  Extension of time - unnecessary			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		A. Kelley	
TITLE:		Petitions Examiner	
SIGNATURE:		PHONE: 2-6059	
OFFICE: Office of Petitions			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>CKhbk</u>		DATE: <u>9/26/08</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B